## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
The 2016 Committee	C C00569905
	O states
Check if 24-hour report 48-hour report New report Amends report filed	d on M M / D D / Y Y Y Y Y
Full Name of Payee CAMPAIGN FUNDING DIRECT, INC.	Date of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD	06 22 2015
SUITE 490	Amount
City State Zip Code	18008.93
MC LEAN VA 22102-3028	Transaction ID : SE24.347 Date of Disbursement or Obligation
Purpose of Expenditure AGENCY FEES - CONSULTING  Category/ Type  004	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
DR. BEN CARSON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disb 2016	oursement For:  Primary General  Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
COLORTREE GROUP, INC.	06 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8000 VILLA PARK DRIVE	Amount
City State Zip Code	6660.23
RICHMOND VA 23228-6500	Transaction ID : SE24.200  Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL - PRINTING  Category/ Type  004	06 / 22 / 2015
	ce Sought: House District:
DR. BEN CARSON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Dist 201	oursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	24669.16
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	12 28 2015
Signature	